

46th Governors Conference on Aging
May 6 and May 7, 2014 in Kalispell, MT at the Red Lion Hotel
For more information and agenda www.aging.mt.gov

If you cannot register using the on-line registration form and payment system, please send this form along with your check to: Governors Conference on Aging, PO Box 4210, Helena MT 59604

Name: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Please check: ☐ Full (both days) or for one Day only ☐ May 6th or ☐ May 7th or Luncheon only ☐ May 6 ☐ May 7

Special Event on May 6th from 6:00 PM to 8:00 PM: Participants are invited to a tour and evening reception on May 6th at The Retreat at Buffalo Hill, sponsored by Immanuel Lutheran Communities. Please indicate below if you will attend and if you need transportation to the event.

☐ I will attend the tour and reception ☐ I need transportation

Additional People Attending and registering on this form:

Name: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Please check: ☐ Full (both days) or for one Day only ☐ May 6th or ☐ May 7th or Luncheon only ☐ May 6 ☐ May 7

Special Event at the Retreat at Buffalo Hill: ☐ I will attend the tour and reception ☐ I need transportation

Name: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Please check: ☐ Full (both days) or for one Day only ☐ May 6th or ☐ May 7th or Luncheon only ☐ May 6 ☐ May 7

Special Event at the Retreat at Buffalo Hill: ☐ I will attend the tour and reception ☐ I need transportation

Name: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Please check: ☐ Full (both days) or for one Day only ☐ May 6th or ☐ May 7th or Luncheon only ☐ May 6 ☐ May 7

Special Event at the Retreat at Buffalo Hill: ☐ I will attend the tour and reception ☐ I need transportation

Name: _____ Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Please check: ☐ Full (both days) or for one Day only ☐ May 6th or ☐ May 7th or Luncheon only ☐ May 6 ☐ May 7

Special Event at the Retreat at Buffalo Hill: ☐ I will attend the tour and reception ☐ I need transportation

PLEASE ADD ADDITIONAL NAMES ON A SEPARATE SHEET OF PAPER

Please list any SPECIAL NEEDS of anyone registering on this form:

Registration Fees

Full Conference - Registration Fees for May 6th and May 7th

\$50 per person registering prior to April 20th

_____ X \$50 = _____

\$60 per person registering after April 20th

_____ X \$60 = _____

NOTE: Full registration includes the luncheons on both days

Single Day - Per Person Registration Fees (please check which day you are attending).

_____ for Tuesday May 6th before April 20th

_____ X \$30 = _____

_____ for Wednesday May 7th before April 20th

_____ X \$30 = _____

Single Day registration after April 20th the fee goes up to \$35 per day

_____ for Tuesday May 6th before April 20th

_____ X \$35 = _____

_____ for Wednesday May 7th before April 20th

_____ X \$35 = _____

NOTE: Day registration includes the luncheon on that day

Additional Lunches Only:

May 6th Centenarian Luncheon \$25

_____ X \$25 = _____

May 7th Conference Luncheon \$20

_____ X \$20 = _____

Note: Lunch on May 6th for Centenarians and one attendant are provided by conference sponsors.

Check # _____

Total Registration Fee \$ _____

plus additional lunches \$ _____

Total Amount Enclosed \$ _____

**NOTE: Credit cards accepted only by On-Line registration - go to
<http://www.dphhs.mt.gov/sltc/services/aging/conference/index.shtml>
and follow the registration link.**

For more information call 1-800-332-2272 and ask for Charlie Rehbein